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PTO/SB/21 (08-00)
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2645
S

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **19**

Application Number **10/002,508**

Filing Date **11/02/2001**

First Named Inventor **Ralph H. Reese et al.**

Group Art Unit **2645**

Examiner Name **JUL 10 2002**

Attorney Docket Number **Technology Center 2600
COM1384-002D**

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Technology Center 2600

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Preliminary Amendment; postcard filing receipt and check
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
	Remarks	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Jeffrey C. Norris	
Signature	<i>Jeffrey C. Norris</i>	
Date	June 24, 2002	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: **June 24, 2002**

Typed or printed name **Sheri L. Burke, Paralegal**

Signature *Sheri L. Burke*

Date **June 24, 2002**

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FEE TRANSMITTAL
for FY 2000

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 351.00)

Complete if Known

Application Number	10/002,508
Filing Date	11/02/2001
First Named Inventor	Ralph H. Reese et al.
Examiner Name	
Group Art Unit	2645
Attorney Docket No.	COM1384-002D

METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number **19-4076**
 Deposit Account Name _____

Charge Any Additional Fee Required
Under 37 CFR 1.16 and 1.17

Applicant claims small entity status.
See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	

SUBTOTAL (1) (\$ 0.00)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	59	-20 **	39	x 9.00 = 351.00
Independent Claims	3	-3 **	10	x 42.00 = 0.00
Multiple Dependent				=

** or number previously paid, if greater; For Reissues, see below

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	18	203	9	Claims in excess of 20
102	80	202	40	Independent claims in excess of 3
104	270	204	135	Multiple dependent claims, if not paid
109	80	209	40	-- Reissue independent claims over original patent
110	18	210	9	-- Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 351.00)

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)
105	130	205	65
127	50	227	25
139	130	139	130
147	2520	147	2520
112	920*	112	920*
113	1840*	113	1840*
115	110	215	55
116	390	216	195
117	890	217	445
118	1390	218	695
128	1890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1510	138	1510
140	110	240	55
141	1240	241	620
142	1240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	180	126	180
581	40	581	40
146	710	246	355
149	710	249	355
179	710	279	355
169	900	169	900

Other fee (specify): _____

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$ 0.00)

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SUBMITTED BY

Complete if applicable

Name (Print/Type)	Jeffrey C. Norris	Registration No. (Attorney/Agent)	42,039	Telephone	614-792-5555
Signature	<i>Jeffrey C. Norris</i>	Date	June 24, 2002		

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